


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90082 030 ****50.00

DOCUMENT # L03000000069	
1. Entity Name PASITEA, LLC	

Principal Place of Business 1861 N FEDERAL HWY # 120 HOLLYWOOD FL 33020	Mailing Address 1861 N FEDERAL HWY # 120 HOLLYWOOD FL 33020
---	---



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/06)

4. FEI Number 51-0439586		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PASSALACQUA, ANNA 1861 N. FEDERAL HIGHWAY #120 #120 HOLLYWOOD FL 33020-2827		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering)

DATE _____

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007	
--	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM NAME PASSALACQUA, ANNA STREET ADDRESS 1861 N. FEDERAL HIGHWAY #155 CITY- ST- ZIP HOLLYWOOD FL 33020-2827	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Anna Passalacqua **ANNA PASSALACQUA** 2/19/07 954-924-0400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #